

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller April 7, 2016.</p> <p>Records indicate that this Facility was licensed on 11/22/1978. The facility is currently licensed for 12 beds. Therefore this facility is required to meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code, Institutional Occupancy.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;</p> <p>This Rule is not met as evidenced by:</p>	C 101		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 101	<p>Continued From page 1</p> <p>1. Based on observation, the Building does not meet the requirements found in the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, because the usage of these areas are not allowed with the existing construction and protection. This would affect all residents, staff and visitors by not automatically detecting and containing fire and smoke.</p> <p>Findings on April 7, 2016:</p> <p>a. Unfinished Basement - portions of the basement were not finished with a 1 hour fire resistance rated ceiling or provided with automatic fire detection as required by the 1971 Minimum Standards. These area were being used to storage combustible materials, wood furniture, boxes of books/paper, client items etc.</p> <p>b. Basement Apartment - all three bedroom were being used to storage combustible materials, wood furniture, boxes of books/paper, client items and etc.,</p> <p>This is not in conformance with the 1971 Minimum Standards permitting basements to be provided with a 1 hour fire resistance rated ceiling, used for non-combustible storage and automatic sprinklers required in basement areas used for combustible storage.</p>	C 101		
C 133	<p>Bathrooms-Hand Grips</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(e) The requirements for bathrooms and toilet rooms are:</p> <p>(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;</p>	C 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 133	Continued From page 2  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable fixtures by not providing increased safety, control against instability/balance, and maneuverability at the fixtures. Findings on April 7, 2016: a. Visitor' s Bathroom - the floor and seat mounted hand grip for the commode had a broken left vertical support and was very unstable, b. Visitor' s Bathroom - the tub hand grips (grab bar) had a loose middle support, c. Handicapped Bathroom - the relocated commode did not have hand grips (grab bar),	C 133		
C 143	Janitor's Closets-Locked  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use;  This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who my accidentally use or come in contact with one of	C 143		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 143	Continued From page 3  these hazardous substances. Findings on April 7, 2016: a. Housekeeping Closet - the room housed cleaning agents, bleaches, and other hazardous substances and was not locked.	C 143		
C 150	Corridors-Free of equipment and Obstructions  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.  This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path in the corridors to the outside. NC State Building Code requires a six-foot wide corridor. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on April 7, 2016: a. Intersection of Front and Main Corridor - a large recliner in the corridor restricts the effective corridor width to forty-two inches, b. Back Corridor - a piano in the corridor restricts the effective corridor width to forty-three inches, c. Back Corridor - a sofa in the corridor restricts the effective corridor width to thirty-four inches,	C 150		
C 152	Entrances-Steps, Porches with Handrails  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and	C 152		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 152	Continued From page 4  exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails;  This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having stable handrails/guardrails at steps, porches, stoops and ramps. This would affect all residents, staff and visitors who use these unstable handrail/guardrails by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on April 7, 2016: a. Front Ramp/Sidewalk - the right handrail was loose at the driveway, b. Right Side Steps - the right handrail was loose at the ground level,	C 152		
C 155	Floors-Non-skid, in Good Repair  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair.  This Rule is not met as evidenced by: 1. Based on observations, the facility has failed to maintain smooth floors in good repair. Findings on April 7, 2016: a. Visitor' s Bathroom - a 3/4 inch tall threshold was used to attempt a smooth transition with the corridor floor and the room floor limited resident independence,	C 155		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 155	Continued From page 5  b. Handicapped Bathroom - a 3/4 inch tall threshold was used to attempt a smooth transition with the corridor floor and the room floor limited resident independence,	C 155		
C 164	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation, the Building was not kept clean and in good repair, because some building components fail to function as originally intended. This could affect all residents, staff and visitors if a component does not work properly. Findings on April 7, 2016: a. Left Side Exterior Wall - there was a three inch hole with a cable bundle in the exterior wall that was not sealed to keep the elements and vermin out of the building, b. Left Side Exterior Wall - there was a two by two inch hole thorough the foundation vent that dose not keep the elements and vermin out of the building, c. Back Corridor - the outside door remain open the entire survey allowing insects to enter the building, d. Unfinished Basement - the outside door remain open the entire survey allowing insects and vermin to enter the building,	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	<p>Continued From page 6</p> <p>e. Bedroom 5 - a window air conditioner was sealed with duct tape and the tape has deteriorated allowing outside air and vermin in,</p> <p>2. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on April 7, 2016:</p> <p>a. Living Room - the floor tiles are loose, b. Living Room - the wall was marred up behind the sofa, c. Living Room - the floor tiles do not extend to the wall base behind the corridor door, d. Living Room - the VCT floor covering was discolored behind the corridor door, e. Corridor - the handrails were discolored, f. Corridor - both HVAC grills were rusty, g. Visitor' s Bathroom - the floor was sticky, h. Visitor' s Bathroom - the floor tiles do not extend to the wall base behind the corridor door, i. Visitor' s Bathroom - the tub/floor joint was dirty and may have a grow of mold, j. Visitor' s Bathroom - a brown substance was smeared on the wall tile near the door, k. Visitor' s Bathroom - there was a broken wall tile near the door, l. Bedroom 5 - the finish floor was coming up, m. Bedroom 5 - the floor register was bent and the paint was falling off, n. Office - the light fixture was missing its globe, o. Office - the exterior window had a cracked glass pane, p. Bedroom 5 - the textured ceiling was falling down, q. Bedroom 4 - the floors were marred up in this room r. Bedroom 4 - the floors were dirty under the right bed, s. Bedroom 4 - the right closet had a two inch hole in the door,</p>	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

C 164	<p>Continued From page 7</p> <p>t. Bedroom 3 - the vinyl floor has a hole in and is coming apart at the seams,</p> <p>u. Handicapped Bathroom - finish patching floor and install finish floor,</p> <p>v. Handicapped Bathroom - the wall was dirty and stain where the sink was moved from,</p> <p>w. Bedroom 2 back closet - there were many cobwebs in this area,</p> <p>x. Bedroom 2 - the back closet had a two inch hole in the door,</p> <p>y. Bedroom 1 - the front closet had a one and a half inch hole in the door,</p> <p>z. Throughout the Building - the floor tiles were chipped, cracked, broken and/or raised, creating tripping hazards.</p> <p>aa. Throughout the Building - the floor tiles dirty and needed waxing,</p> <p>bb. Back Bathroom - tub was stained</p> <p>cc. Back Bathroom - around the tub the grout was falling out of the wall tiles.</p> <p>dd. Back Bathroom - the tub/floor joint was dirty and may have a grow of mold,</p> <p>ee. Kitchen Pantry - the light fixture was missing its globe,</p> <p>ff. Basement Stairs - the light fixture was missing its globe,</p> <p>3. Based on observations, the facility has failed to maintain the furniture clean and in good repair. Findings on April 7, 2016: a. Bedroom 3 - both chester drawers were held together with duct tape,</p> <p>4. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on April 7, 2016: a. Visitor' s Bathroom - a plunger (plumber</p>	C 164		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	Continued From page 8 friend) was being used as a stopper in the tub,	C 164		
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent the possibility of contaminated water from backflowing into the domestic water supply. Findings on April 7, 2016: a. Housekeeping Closet - the mop sink had hoses long enough to reach gray water and were not equipped with vacuum breakers to prevent backsiphonage of gray water back into the potable water plumbing lines.	C 166		
C 167	Housekeeping- Supply Soap, Clean Towels  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (6) have a supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on hand at all times; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by:	C 167		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 167	Continued From page 9  1. Based on observation, the facility failed to maintain adequate supplies for resident use on hand at all times Findings on April 7, 2016: a. Visitor' s Bathroom - there was no toilet paper or toilet paper holder at the commodes, b. Visitor' s Bathroom - there was no paper towels at the sink,	C 167		
C 173	Housekeeping-Bedroom Furnishings, Bed  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed shall have the following: (A) at least one pillow with clean pillow case; (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and (C) clean bedspread and other clean coverings as needed; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the facility has failed to provide resident beds of good and clean condition. Findings on April 7, 2016: a. Bedroom 5 - the left mattress was dirty,	C 173		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 175	<p>Bedroom Furnishings-Clean Towel, Towel Bar</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(b) Each bedroom shall have the following furnishings in good repair and clean for each resident:</p> <p>(7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident.</p> <p>Findings on April 7, 2016:</p> <p>a. Throughout the Building - there was no means to hang a towel in the Bedrooms or bathrooms.</p>	C 175		
C 183	<p>Fire Extinguishers</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS</p> <p>(a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof.</p> <p>(b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not identifying emergency equipment not in proper working</p>	C 183		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 183	Continued From page 11  order. Findings on April 7, 2016: a. Entire Upper Level - since the annual maintenance, performed in October 2015, there has been no documentation of the portable fire extinguisher' s monthly inspections, b. Entire Lower Level - the portable fire extinguisher' s annual maintenance have not been performed. The most current being June 2013, and the documentation of the portable fire extinguisher' s monthly inspections stopped in June 2012. c. Basement Apartment - there was no fire extinguisher in this area, d. Front right Basement area - there was no fire extinguisher in this area that was reachable,	C 183		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was in disrepair. This would affect all staff on the lower level by not notifying them of an alarm. Findings on April 7, 2016: a. Entire Lower Level - there were no audible	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 12</p> <p>notification device in this area.</p> <p>2. Based on observations, the Building was not maintained in a safe and operating condition, because some fire sprinkler components were missing or in despair. This could affect all residents, staff and visitors if the fire sprinkler system does not function or is delayed in responding. Findings on April 7, 2016: a. FDC inlet connection area - the single inlet was missing its protective cap,</p> <p>3. Based on observation, the Building was not maintain in a safe manner, the normal fire load had increased in certain areas. This could affect all residents, staff and visitors if a fire could not be contained adequately. Findings on April 7, 2016: a. Office - this space was being used to storage combustible materials, wood furniture, boxes of books/paper, client items and etc. Area was not walkable.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on April 7, 2016: a. Basement Stair Door - the door closure on the stair door could not completely close and latch its leaf into its doorframe.</p> <p>5. Based on observation, all Building electrical components were not maintained. Findings on April 7, 2016: a. Front Porch - the combination fan/light was missing its globe,</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 13</p> <p>6. Based on observation and testing, the Building was not maintained in a safe and operating condition, because the combination exit sign/emergency light, did not work properly. This would affect all residents, staff, and visitors if the egress pathways were not illuminated at all times and during the power outages. Findings on April 7, 2016: a. Front Door - the ceiling mounted self-contained combination exit sign/emergency light unit did not work on backup power when the test button was pushed, b. Corridors -new emergency lights have been installed in addition to the existing. The existing emergency lighting system comprised of a battery pack and multiple headlights. The existing emergency lighting system is not functioning.</p> <p>7. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all residents, staff and visitors by allowing unsafe conditions to persist. Findings on April 7, 2016: a. Back Corridor - a piano was being stored directly in front of the electric panels, preventing quick emergency access to the panel, b. Bedroom 5 right Bed - the electrically operated call system had a broken switch, c. Bedroom 5 right Bed - the electrically operated call system had a broken cover plate, d. Bedroom 3 right Bed - the electrically operated call system had a broken cover plate, e. Bedroom 3 left Bed - the electrically operated call system was missing its cover plate, f. Bedroom 2 front Bed - the electrically operated call system was missing its cover plate, g. Bedroom 1 front Bed - the electrically operated call system was missing its cover plate,</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 14</p> <p>h. Bedroom 1 front Bed - there was an electrical power receptacle missing its cover plate,</p> <p>i. Bedroom 1 - was using an extension cord to power equipment. Extension cords cannot substitute for permanent wiring.</p> <p>8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal operating conditions. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on April 7, 2016: a. Living Room - the corridor door hits its doorframe, preventing it from closing and latching without extra force, b. Visitor' s Bathroom - the corridor door was broken at the latch, c. Bedroom 6 - the corridor door hits its doorframe, preventing it from closing and latching without extra force d. Dining Room - the corridor door hits its doorframe in two location, preventing it from closing and latching without extra force,</p> <p>9. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on April 7, 2016: a. Bedroom 3 - the corridor doorframe was missing its strike plate,</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 15</p> <p>b. Housekeeping Closet, the corridor doorframe was missing its strike plate,</p> <p>c. Back Bathroom - the corridor door strike plate was tapped over so the door could not latch into its doorframe,</p> <p>d. Back Bathroom - the corridor door strike bolt was tapped over so the door could not latch into its doorframe,</p> <p>e. Kitchen - the corridor door strike bolt was falling out of the door,</p> <p>10. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on April 7, 2016:</p> <p>a. Bedroom 6 left Closet - there were gaps around a PVC pipe that penetrated through the fire-resistance-rated ceiling and floor assemblies,</p> <p>b. Corridor - above the Fire Alarm Panel there was a 2 inch hole in the wall not sealed,</p> <p>c. Bedroom 2 front Closet - there were cable that penetrated through the fire-resistance-rated ceiling sealed with tape,</p> <p>d. Bedroom 1 back Closet - there were gaps was around a PVC pipe that penetrated through the fire-resistance-rated ceiling,</p> <p>e. Basement kitchen - there was a 12 x12 hole through the fire-resistance-rated ceiling assembly,</p> <p>11. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler heads were impaired, exposing openings through the fire-resistance-rated construction. This could affect all residents, staff and visitors if smoke/fire</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 16</p> <p>is not contained in the Room or compartment of origin. Findings on April 7, 2016:</p> <p>a. Entire Building - the fire sprinkler escutcheon plates were missing,</p> <p>12. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on April 7, 2016:</p> <p>a. Bedroom 5 - the corridor door was blocked open with a chester drawer which held the TV box. The cables for the TV box were looped around the door knob, b. Bedroom 6 - the corridor door was blocked open with a stack of books, c. Bedroom 2 - the corridor door was blocked open with a chester drawer, d. Back Bathroom - the corridor door was blocked open with a cloths hanging over the door,</p> <p>13. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components failed to function as originally intended or are missing. This could affect all residents, staff and visitors if the component does not function and cannot contain smoke/fire in the fire compartment of origin Findings on April 7, 2016:</p> <p>a. Bedroom 5 - the doorknob was very loose and may not function properly when used,</p> <p>14. Based on observation, the Building was not maintained in a safe and operating condition, by</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 17</p> <p>failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on April 7, 2016:</p> <p>a. Bedroom 6 - one of the closet was locked from the outside with a hasp device and padlock,</p> <p>a. Bedroom 6 - one of the closet was locked from the outside with a hasp device,</p> <p>15. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on April 7, 2016:</p> <p>a. Handicapped Bathroom - the corridor doorknob was installed backwards not allowing occupancy control of their privacy, but some could lock some in this room,</p>	C 189		